

## **Application Data Sheet**

### **Application Information**

Application number:: 10/808,728

Filing Date:: 03/24/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CALIBRATING LASER BEAM POSITION AND  
SHAPE USING AN IMAGE CAPTURE DEVICE

Attorney Docket Number:: 018158-024500US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: Yes

Petition Type:: Request for Amendment of Inventorship Under 37  
C.F.R. 1.48(a)

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dimitri  
Middle Name:: A.  
Family Name:: Chernyak  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 676 Bellflower Avenue, #30  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Keith  
Middle Name::  
Family Name:: Holliday  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1659 Kirk Court  
City of Mailing Address:: San Jose

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95124

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mathew  
Middle Name::  
Family Name:: Clopp  
Name Suffix::  
City of Residence:: Santa Clara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3435 Notre Dame Drive  
City of Mailing Address:: Santa Clara  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95051

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country::                                      Application number::                                      Filing Date::

**Assignee Information**

Assignee Name::                                      VISX, Inc.  
Street of mailing address::                                      3400 Central Expressway  
City of mailing address::                                      Santa Clara  
State or Province of mailing address::                                      CA  
Country of mailing address::                                      US  
Postal or Zip Code of mailing address::                                      95051-0703